
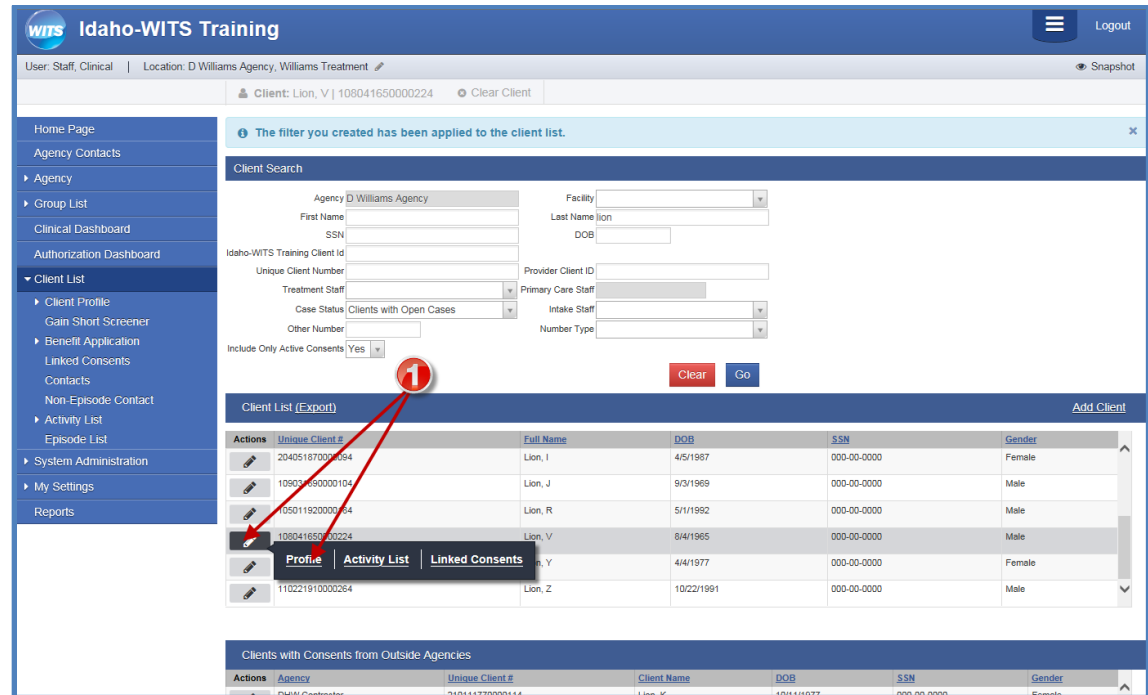


Authorization Change Request – Change to Service for IDHW (non-ATR 4) & IDOC Clients who are transferring to another facility at my agency

These instructions are to be used in the following Situations.

- Transfer an IDHW client to a different facility at my agency at the same Level of Care (LOC) and there are two weeks (14 days) or less before the treatment authorization expires.
- Transfer an IDOC client from one Stage (including Assessment or Pretreatment) to another Stage at a different facility at my agency.

1. **Getting here:** Login, select the Facility, select Client List on the Navigation Pane (left menu) to generate the Client Search Screen, find client, click  and select Client Profile.



The screenshot shows the Idaho-WITS Training interface. The top navigation bar includes the WITS logo, the title "Idaho-WITS Training", and a "Logout" button. Below the navigation bar, the user is logged in as "User: Staff, Clinical" and the location is "D Williams Agency, Williams Treatment". The client being viewed is "Lion, V" with ID "108041650000224".

The left navigation pane lists various options: Home Page, Agency Contacts, Agency, Group List, Clinical Dashboard, Authorization Dashboard, Client List (selected), Client Profile, Gain Short Screener, Benefit Application, Linked Consents, Contacts, Non-Episode Contact, Activity List, Episode List, System Administration, My Settings, and Reports.

The main content area shows the "Client Search" form. A message at the top states: "The filter you created has been applied to the client list." The search form includes fields for Agency (D Williams Agency), Facility (dropdown), First Name, Last Name (Lion), SSN, DOB, Idaho-WITS Training Client Id, Unique Client Number, Provider Client ID, Treatment Staff, Primary Care Staff, Case Status (Clients with Open Cases), Intake Staff, Other Number, and Number Type. There are "Clear" and "Go" buttons.

Below the search form is the "Client List (Export)" table. A red circle with the number "1" highlights the "Profile" button in the Actions column for the client "Lion, V".

Actions	Unique Client #	Full Name	DOB	SSN	Gender
	2040518700000004	Lion, I	4/5/1987	000-00-0000	Female
	1090319500000104	Lion, J	9/3/1969	000-00-0000	Male
	0501192000000004	Lion, R	5/1/1992	000-00-0000	Male
	1080416500000224	Lion, V	8/4/1965	000-00-0000	Male
	1102219100000254	Lion, Z	10/22/1991	000-00-0000	Male

Below the table is a section for "Clients with Consents from Outside Agencies" with columns for Actions, Agency, Unique Client #, Client Name, DOB, SSN, and Gender.

2. Select the **Authorization** on the Navigation Pane

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Generate Report | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Gain Short Screener

Benefit Application

Linked Consents

Contacts

Non-Episode Contact

Activity List

Episode List

Profile

First Name: V

Middle Name:

Last Name: Lion

Suffix:

Gender: Male

DOB: 8/4/1965

SSN: 000-00-0000

Provider Client ID:

Unique Client Number: 108041650000224

State Client ID:

Record Created By: Buskey, Michelle

Last Updated By: Buskey, Michelle

Created Date: 3/4/2015 1:20 PM

Last Updated Date: 3/4/2015 1:20 PM

Driver's License:

Acc. Category:

Has paper file: Yes

Administrative Actions


Cancel Save Finish

Alternate Names

Actions	Last Name	First Name	Middle Name	Client Alias Type
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Addresses

Actions	Address Type	Address	Confidential	Created	Updated
	Client Home	1205 Venus Circle Nex-Pier, ID 87206	No	3/4/2015	3/4/2015

3. Click  and select **Profile** to review the active Authorization.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Home Page

Agency Contacts

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Group List

Clinical Dashboard

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Benefit Application

Linked Consents

Contacts

Non-Episode Contact

Activity List

Episode List

Authorization List

Add New Authorization Record

Actions	Auth. #	Payor	Status	Effective Date	End Date	Authorized	Encumbered	Expended	Available	Last Activity Date
	2036	DH-W Adult [State General, 1]	Active	7/1/2014	6/30/2015	\$568.50	\$0.00	\$0.00	\$568.50	3/4/2015
		DH-W Adult [State General, 1]	Closed	7/1/2014	3/18/2015	\$0.00	\$0.00	\$0.00	\$0.00	3/18/2015

Profile

4. Click **Requests** under the Actions box.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Authorization

Group Enrollment: DHW Adult | Status: Active
Plan: State General | Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State General-DHW Adult
Authorization #: 2036 | Date Approved: 7/1/2014
Administering Agency: DHW Contractor | Updated Date: 3/4/2015 1:21 PM
Effective Date: 7/1/2014 | Updated By: Buskey, Michelle
End Date: 6/30/2015

Comments

Authorized Services List

Service	Authorized Units	Authorization Amt	Encumbered	Expended	Available Units
Outpatient	25	\$231.00	\$0.00	\$0.00	25.00
Drug/Alcohol Testing	25	\$337.50	\$0.00	\$0.00	25.00

Actions:

Total Authorized: \$568.50
Total Encumbered: \$0.00
Total Expended: \$0.00
Total Available: \$568.50

5. The Authorization Change Request List displays. Click **Add New**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Provider Authorization Change Request

Group Enrollment: DHW Adult | Status: Active
Plan: State General | Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State
Authorization #: 2036 | Date Approved: 7/1/2014
Effective Date: 7/1/2014 | Updated Date: 3/4/2015
End Date: 6/30/2015 | Updated By: Buskey, Michelle
ATR Intake: 1/1/2000 1-

Comments

Authorization Change Request List

Actions	Date	Type	Service	Units	End Date	Status	Justification

6. The Authorization Change Request List displays. Select **Change to Service**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | Clear Client

Authorization Change Request Profile

Type:

Service:

Units:

End Date:

Justification:

Requestor Comments:

Approver's Comments:

Deny Reason: Other Description:

Actions:

7. Select the **Service** (the current treatment LOC), enter the **Number of Requested Units**, and select the **Justification Reason**.

- Enter Zero units for an IDOC client who is changing stages.

8. **Comments**.

- Transfer an **IDHW** client to a different facility at my agency at the same Level of Care (LOC) and there are two weeks (14 days) or less before the treatment authorization expires: specify the new facility and enter a justification for additional units. If new or additional RSS services are requested, include the name of the service, number of units, and justification for each RSS service. Include the name of the Stand Alone RSS provider if applicable.
- Transfer an **IDOC** client from one Stage (including Assessment or Pretreatment) to another Stage at a different facility at my agency: specify the new facility, indicate the new treatment LOC, and the enter the name of the Stage.

9. Click **Add ASAM Concurrent Review**.

The screenshot shows the 'Authorization Change Request Profile' form for a client named 'Lion, V' with ID '108041650000224'. The form includes a sidebar with navigation links: Home Page, Agency Contacts, Agency, Group List, Clinical Dashboard, Authorization Dashboard, and Client List. The main form fields are: Type (Change to Service), Service (Outpatient), Additional Units (30), End Date, Justification (Client will continue treatment p...), Requestor Comments (Client will be transferring to the Boise facility for my agency. Enter justification for additional units. New RSS services requested: Case Management 80 units, Drug Testing 20 units. Client needs case management and therapeutic drug testing while in treatment.), Approver's Comments, Deny Reason, and Other Description. At the bottom, there is an 'Actions' section with a link 'Add ASAM Concurrent Review' and buttons for 'Cancel', 'Save', and 'Finish'. Red callout numbers 7, 8, and 9 point to the 'Service', 'Justification', and 'Add ASAM Concurrent Review' link respectively.

10. Update the **Level of Care** for each Dimension.

11. Update **Comments** for each Dimension.
Enter the updated information at the top of each Comment field and document it as:
Update (date). **DO NOT DELETE ANY PREVIOUS COMMENTS.**

12. Select the **Requested Level of Care** and the **Current Level of Care**.

13. Click **Save** and **Finish**.

14. Click **Finish**.

Client: Lion, V | 108041650000224 | 1 Clear Client

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Gain Short Screener
Benefit Application
Linked Consents
Contacts
Non-Episode Contact
Activity List
Intake
Fee Determination
Wait List
Screening
Assessments
Diagnosis List
Admission
Program Enroll
Encounters
Notes
ASAM
Profile
Treatment
Continuing Care
Discharge
Recovery Plan
Recovery Plan Rvw
Consent
Referrals

ASAM — PPC2R

Dimension 1 - Acute Intoxication and/or Withdrawal Potential
Update the LOC: [dropdown] Level of Care: [1.0 Outpatient]
Update 4/2/15: Enter new ASAM comments for this dimension or indicate No Change.
Admission ASAM Comments for Dimension 1: [text area]
Enter information at the top of the Comment field with the date.

Dimension 2 - Biomedical Conditions and Complications
Update the LOC: [dropdown] Level of Care: [1.0 Outpatient]
Update 4/2/15: Enter new ASAM comments for this dimension or indicate No Change.
Admission ASAM Comments for Dimension 2: [text area]
Enter information at the top of the Comment field with the date.

Dimension 3 - Emotional, Behavioral, or Cognitive Conditions and Complications
Update the LOC: [dropdown] Level of Care: [1.0 Outpatient]
Update 4/2/15: Enter new ASAM comments for this dimension or indicate No Change.
Admission ASAM Comments for Dimension 3: [text area]
Enter information at the top of the Comment field with the date.

Dimension 4 - Readiness to Change
Update the LOC: [dropdown] Level of Care: [1.0 Outpatient]
Update 4/2/15: Enter new ASAM comments for this dimension or indicate No Change.
Admission ASAM Comments for Dimension 4: [text area]
Enter information at the top of the Comment field with the date.

Dimension 5 - Relapse, Continued Use, or Continued Problem Potential
Update the LOC: [dropdown] Level of Care: [1.0 Outpatient]
Update 4/2/15: Enter new ASAM comments for this dimension or indicate No Change.
Admission ASAM Comments for Dimension 5: [text area]
Enter information at the top of the Comment field with the date.

Dimension 6 - Recovery / Living Environment
Update the LOC: [dropdown] Level of Care: [1.0 Outpatient]
Update 4/2/15: Enter new ASAM comments for this dimension or indicate No Change.
Admission ASAM Comments for Dimension 6: [text area]
Enter information at the top of the Comment field with the date.

Requested Level of Care: [1.0 Outpatient]
Current Level of Care: [1.0 Outpatient]
Clinical Override: [dropdown]
Comments: [text area]
Review Date: 4/2/2015
Program/Treatment Location: 1/Adm/2/Outpatient: 2/1/2...
Cancel Save Finish

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment

Client: Lion, V | 108041650000224 | Clear Client

Home Page
Agency Contacts
Agency
Group List
Clinical Dashboard
Authorization Dashboard
Client List
Client Profile
Alternate Names
Additional Information
Military Information
Contact Info
Collateral/Cust. Contacts
Other Numbers
History
Client Group Enrollment
Authorization

Authorization Change Request Profile

Type: [Change to Service]
Service: [Outpatient]
Additional Units: [30]
End Date: [dropdown]
Justification: [Client will continue treatment p...]
Requestor Comments: [Client will be transferring to the Boise facility for my agency. Enter justification for additional units. New RSS services requested: Case Management 90 units, Drug Testing 90 units. Client needs case management and therapeutic drug testing while in treatment.]
Approver's Comments: [text area]
Deny Reason: [text area] Other Description: [text area]
Actions: [Add ASAM Concurrent Review]
Cancel Save Finish

15. Select **Yes** to link the ASAM record with the Authorization Change Request.

This screenshot shows a web application interface for a client named 'Lion, V'. The left sidebar contains a navigation menu with options like 'Home Page', 'Agency Contacts', 'Agency', 'Group List', 'Clinical Dashboard', 'Authorization Dashboard', 'Client List', and 'Client Profile'. The main content area displays the question: 'Do you want to link the existing ASAM record to the authorization change request?'. Below the question are two buttons: 'Yes' (highlighted with a red circle and arrow labeled 15) and 'No'.

16. Select **Yes** to request a change to the end date Authorization.

- **For an IDOC client, select NO.** IDOC authorization date spans are specific in each stage. A Change to Voucher End Date request that accompanies an Authorization Change Request for an IDOC client will be denied and the allowed authorization date span will be used.

This screenshot shows the same web application interface. The main content area displays the question: 'Would you like to request a change to the end date on the authorization?'. Below the question are two buttons: 'Yes' (highlighted with a red circle and arrow labeled 16) and 'No'.

17. Enter the **New End Date** and click **Save**.

This screenshot shows the same web application interface. The main content area displays a date selection field labeled 'New End Date' with the date '06/30/2015' entered. Below the field are two buttons: 'Cancel' and 'Save' (highlighted with a red circle and arrow labeled 17).

18. Click **Finish**.

User: Staff, Clinical | Location: D Williams Agency, Williams Treatment | Snapshot

Client: Lion, V | 108041650000224 | 1 | Clear Client

Home Page

Agency Contacts

Agency

Group List

Clinical Dashboard

Authorization Dashboard

Client List

Client Profile

Alternate Names

Additional Information

Military Information

Contact Info

Collateral/Cust. Contacts

Other Numbers

History

Client Group Enrollment

Authorization

Employment

Allergies

Gain Short Screener

Provider Authorization Change Request

Group Enrollment: DHW Adult

Plan: State General

Authorization #: 2036

Effective Date: 7/1/2014

End Date: 6/30/2015

Status: Active

Contract: 1 - DHW-D Williams SUD / 7/1/2014 - 6/30/2015 - State

Date Approved: 7/1/2014

Updated Date: 3/4/2015

Updated By: Buskey, Michelle

ATR Intake: 1/1/0001-

Comments

Authorization Change Request List

Actions

Date

Type

Service

Units

End Date

Status

Justification

2/12/2015

Change to Service

Outpatient

0

Approved

See comments.

2/17/2015

Change to Service

Outpatient

1

Denied

See comments.

2/17/2015

Change to Service

Outpatient

0

Approved

See comments.

4/2/2015

Change to Service

Outpatient

240

Pending

Client will continue treatment past authorization close date

4/2/2015

Change Voucher End Date

5/01/2015

Pending

Client will continue treatment past authorization close date

18

Finish